


APPLICATION FOR CLEARANCE REGISTRATION IN TO AUSTRALIA

HORSE DETAILS:

| | | | | | | |
|--|---|--------------------------|---|---------------------------------|--|--------------------------------|
| Name of Horse: | | | | | | |
| Identification Details: | Foal Date | | Colour | | Sex | |
| | Freezebrand | | Microchip | | | |
| Breeding: | Sire | | Dam | | | |
| | If female - has the filly / mare been served in the current season by a stallion or inseminated with semen prior to arriving in Aust? | | | YES <input type="checkbox"/> | If YES - date of late service or insemination _____ | NO <input type="checkbox"/> |
| Date horse physically arrived in Australia: | Date | | State Horse to be cleared to | | | |
| Contact Person: | Name | | | | | |
| | Phone | | Email | | | |
| Address Horse to be Located at: | | | | | | |
| Purchase Price: | AUD\$ | | Was horse purchased by Australian owners? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Shipping Company: | | | | | | |
| Method of transport: | Air | <input type="checkbox"/> | Sea | <input type="checkbox"/> | | |

 Please provide proof of arrival date in Australia (you may need to request this from your shipping agent)

PERSONAL INFORMATION:

| | | | | | | |
|--|------------|--------------------------|---------|--------------------------|---------|--------------------------|
| Manager/Agent/Contact: (please tick) | Manager | <input type="checkbox"/> | Agent | <input type="checkbox"/> | Contact | <input type="checkbox"/> |
| | First Name | | Surname | | | |
| | Phone | | Email | | | |
| | Address | | | | | |
| | | | | | | |
| | Suburb | | State | | | |
| Owners: (Please attach the names of any further owners on a separate form) | First Name | | Surname | | | |
| | First Name | | Surname | | | |
| | First Name | | Surname | | | |
| | First Name | | Surname | | | |

PLEASE NOTE: This application cannot be processed until the Clearance Certificate has been received by Harness Racing Australia

The Short Stay fee is payable once per season.

The less than 90 day period commences on the date on the Clearance Certificate from Harness Racing New Zealand*

REGISTRATION TYPE REQUIRED

(Inclusive of Australian GST) : *(HRA discretion applies in extreme circumstances)*

FEE STRUCTURE FOR HORSES THAT ARRIVE IN AUSTRALIA FROM 1 JULY 2022

| FEES PAYABLE | Colt/ Gelding | Filly / Mare (4YO and under) | Mare (5YO and Over) | Short Stay (less than 90 days) | Australian bred horse named in NZ & returning to Aust |
|--|---------------|---------------------------------|------------------------|-----------------------------------|---|
| Submission within 14 days of horse's physical arrival date in Australia | \$2,356 | \$1,767 | \$295 | \$589 | \$589 |
| Submission after 14 days of horse's physical arrival date in Australia | \$2,856 | \$2,267 | \$795 | \$1,089 | \$1,089 |
| Submission after 28 days of horse's physical arrival date in Australia | \$3,356 | \$2,767 | \$1,295 | \$1,589 | \$1,589 |
| Submission after 90 days of horse's physical arrival date in Australia will incur a higher fee and be subject to application and at HRA's discretion. | POA | POA | POA | N/A | POA |

FOR HORSES THAT HAVE ARRIVED IN AUSTRALIA PRIOR TO 1 JULY 2022 and not completed during HRA's amnesty which ended on 1 September 2022, will need to make application to HRA and fees will be POA

PAYMENT OPTIONS:

| | | | |
|--|-------------------------------|--------------------------------------|--|
| Payment Method: | Visa <input type="checkbox"/> | Master Card <input type="checkbox"/> | Direct Credit <input type="checkbox"/> |
| Credit Card Number: | | | CCV |
| Name on Card: | | | Expiry Date |
| Direct Credit can be made to Harness Racing Australia: | BSB: 633 000 | Account: 159 968 668 | |
| Date direct credit made: | | | |

Please include the horse name in the details area if using this payment method

DECLARATION / SIGNATURE (please tick Owner / Manager / Contact)

I hereby confirm that I am authorised to make the above declaration and the information provided is true and correct. Information provided to HRA is treated in confidence.

| | | | |
|--------------------------------|----------------------------------|----------------------------------|--|
| Owner <input type="checkbox"/> | Manager <input type="checkbox"/> | Contact <input type="checkbox"/> | |
| Name: | | | |
| Signature: | | Date: | |